

**UTAH MEDICAID NURSING FACILITY**  
**State Fiscal Year 2017**  
**QUALITY IMPROVEMENT INCENTIVE (2)(vii) APPLICATION**  
**Clinical Software, Hardware and Backup Power, Rule R414-504-4**

**This form and all supporting documentation must be postmarked or faxed on or before May 31, 2017**

Facility Name: \_\_\_\_\_

Medicaid Provider I.D. \_\_\_\_\_ Administrator: \_\_\_\_\_

Please mark all that are complete:

- ☐ This facility purchased or leased new or enhanced existing clinical information systems software, which incorporates advanced technology into improved patient care including better integration, capture of more information at the point of care, more automated reminders etc.
- ☐ The following clinical tracking minimum requirements are all included in the software:
- Care Plans;
  - Current conditions;
  - Medical orders;
  - Activities of Daily Living;
  - Medication Administration Records;
  - Timing of medications;
  - Medical notes; and
  - Point of care data tracking.
- ☐ This facility purchased or leased new or enhanced existing clinical information systems hardware. The hardware facilitates the tracking of patient care and integrates the collection of data into clinical information systems software that meets all the tracking criteria above.
- ☐ This facility purchased or leased new or enhanced existing backup power system. The backup power facilitates the continuous serving of the patients' needs and meets all the life safety code requirements.
- ☐ A detailed description of the clinical information systems software and/or hardware is attached.
- ☐ The clinical information systems software and/or hardware was paid for by May 31, 2017.
- ☐ The clinical information systems software and/or hardware was installed between July 1, 2015 and May 31, 2017.
- ☐ Proof of purchase that includes receipts and invoices, is also attached. This includes proof of payment, i.e. cancelled check(s), financial debt instrument, etc. Check amounts must match receipt and invoice amounts. If the check does not match the receipt or invoice amount, an itemized list of invoices paid by the check must be provided with one entry matching the amount of the receipt or invoice for which the facility is seeking incentive payments.

Qualifying facilities may receive up to \$589.94 per Medicaid Certified bed for any combination of purchase for clinical information systems software and hardware (count as of 7/1/2016) under this incentive.

This incentive is part of incentive (2). The maximum a facility may receive from all incentives in incentive (2) combined, is \$589.94 per Medicaid Certified bed (count as of 7/1/2016).

Facilities will not receive more than was expended under this incentive.

Attach Spreadsheet for detail expenditures.

Total Reimbursement Requested (should match spreadsheet): \$ \_\_\_\_\_

**Please ensure that all the supporting documentation is included. Failure to include all of the above detailed information will prevent the facility from qualifying.**

By submitting this application I certify that all of the above criteria have been met.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Division staff will not request additional information relating to this submission. Please be sure to include all necessary information in order to qualify. Fax to: 801-237-0788 <or> Mail instructions: <http://health.utah.gov/medicaid/stplan/longtermcare.htm>